

Application for Transfer of Master Electrician License

114

Michigan Department of Consumer & Industry Services
Bureau of Construction Codes & Fire Safety
Electrical Division
P.O. Box 30255
Lansing, MI 48909
(517) 241-9320

OFFICE USE ONLY

License Fee: \$25.00

Authority: 1956 PA 217
Completion: Mandatory
Penalty: License will not be issued

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign this application. **Type or print in ink.**
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check or money order payable to the **State of Michigan**.
- Mail completed application, fee, and copy of current license to above address.

Applicant Information

| | | | |
|--|----------|------------------------|------------------------------|
| NAME | | SOCIAL SECURITY NUMBER | |
| ADDRESS | TOWNSHIP | CITY | |
| COUNTY | STATE | ZIP CODE | TELEPHONE NUMBER () |
| UNIT OF GOVERNMENT ISSUING CURRENT LICENSE | | | |

Certification and Signature

I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.

APPLICANT'S SIGNATURE

DATE